

**LEGISLATIVE SERVICES AGENCY
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FISCAL IMPACT STATEMENT

LS 6825

BILL NUMBER: SB 336

NOTE PREPARED: Jan 15, 2008

BILL AMENDED:

SUBJECT: Stroke prevention task force.

FIRST AUTHOR: Sen. Charbonneau

FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: X GENERAL
X DEDICATED
FEDERAL

IMPACT: State

Summary of Legislation: This bill adds three members to the Stroke Prevention Task Force. It requires one of the physician members to be a family practice physician instead of a neuroradiologist.

The bill extends the expiration date for the Task Force from July 1, 2008, to July 1, 2012.

The bill redefines the duties of the task force.

Effective Date: July 1, 2008.

Explanation of State Expenditures: The bill would add 3 additional members to the 18-member Stroke Prevention Task Force: a representative from the Indiana Primary Health Care Association; a representative from the health insurance industry; and a clinical pharmacist who practices in a community setting. The bill also changes the specific requirements for one of the current physician members from a neuroradiologist to a family practice physician. The bill extends the authorization for the Task Force until July 1, 2012. The fiscal impact of this provision would depend on the locations of the additional appointees and the number of meetings called.

The bill also changes the duties of the Task Force to include 13 specific tasks. There are no data available to estimate the number of necessary meetings or the amount of staff time that might be required for the ISDH to address the new duties. The statute provides that the expenses of the Task Force are to be paid from funds appropriated to the State Department of Health (ISDH). The ISDH reports that the Task Force met 11 times in 2007, and was funded with a \$15,000 federal grant from the Centers for Disease Control and Prevention.

The funds and resources required above could be supplied through a variety of sources, including the following: (1) existing staff and resources not currently being used to capacity; (2) existing staff and resources currently being used in another program; (3) authorized, but vacant, staff positions, including those positions that would need to be reclassified; (4) funds that, otherwise, would be reverted; or (5) new appropriations. In FY 2007, the ISDH administration account reverted \$4,298,583 to the General Fund. Ultimately, the source of funds and resources required to satisfy the requirements of this bill will depend upon legislative and administrative actions.

[The ISDH administrative appropriations were made from the state General Fund and the dedicated Tobacco Master Settlement Agreement Fund for FY 2008 and from the state General Fund for FY 2009.]

Explanation of State Revenues:

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: State Department of Health.

Local Agencies Affected:

Information Sources: State Department of Health, and The August 2007, update of the Indiana Stroke Guidelines at: <http://www.in.gov/isdh/publications/pdfs/IndianaStrokeGuidelines.pdf>.

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